



John Blair, CBIA
Testimony before Insurance and Real Estate Committee
Legislative Office Building
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My name is John Blair and I'm here on behalf of the Connecticut Business & Industry Association. CBIA represents thousands of businesses throughout Connecticut, and the vast majority of these are small companies employing less than 50 people.

Connecticut's employers continue to be concerned about the cost and quality of health care. Legislation that includes new mandates, assessments, or fees on the health insurance industry will only increase premiums. On today's agenda there are at least five new proposals that are health benefit mandates. If passed there is no question that the additional cost of covering these new mandates will fall on the backs of Connecticut employers and employees, in the form of premium increases.

Also of concern, and included in our testimony, are two proposals aimed at restructuring the current process for making adverse determinations. CBIA believes these measures are unnecessary and will undoubtedly result in increased costs for consumers and employers.

Employers contribute to their employees' health care, and increased premiums make it harder for employers to continue making those contributions.

Our members understand the value of a healthy and productive workforce—in fact, their businesses depend on it. It's why we're asking the legislature to show restraint when considering several measures that will cost Connecticut's struggling employers.

The following list of bills are new health benefit mandates that CBIA urges the committee to reject.

Proposed Mandated Health Benefits Legislation:

1. H.B. No. 5208 (RAISED) AN ACT CONCERNING MAMMOGRAMS, BREAST ULTRASOUNDS AND MAGNETIC RESONANCE IMAGING OF BREASTS.

CBIA understands and appreciates the intended purpose of this bill, but we ask that the committee carefully consider some of the unintended consequences. This proposal expands the definition of

mammograms to now include the term breast tomosynthesis. Breast tomosynthesis is an advanced type of mammogram that is not currently a mandated health benefit. The inclusion of breast tomosynthesis to the current mammogram definition would make it a NEW mandated health benefit.

Additionally, this proposal eliminates copayments and deductibles for certain breast ultrasounds. CBIA is concerned with this portion of the proposal, as the language creates caps on copayments for patients accessing certain radiological services. However, capping cost sharing for any one service only means shifting that cost into another insurance payment, such as premiums, deductibles or coinsurance. Simply put, the cost does not disappear, it is incurred elsewhere, most likely, on the backs of employers and their employee's premiums. CBIA opposes this bill.

2. S.B. No. 212 (RAISED) AN ACT MANDATING HEALTH INSURANCE COVERAGE OF CERTAIN KNEE ASPIRATIONS.

This will require certain individual and group health insurance policies cover certain knee aspirations for persons diagnosed with osteoarthritis. The bill, at this point, lacks specificity, but is clear in purpose and would be a new health mandate. CBIA opposes this bill.

3. S.B. No. 208 (RAISED) AN ACT CONCERNING HEALTH INSURANCE COVERAGE OF ORALLY AND INTRAVENOUSLY ADMINISTERED MEDICATIONS.

This proposal requires health insurance policies that provide coverage for prescription drugs to provide coverage for intravenously administered drugs on a basis no less favorable than orally administered drugs. This costly proposal is a new health benefit mandate. CBIA opposes this bill.

Proposed Adverse Determination Legislation:

1. S.B. No. 209 (RAISED) AN ACT REDUCING THE TIME FRAME FOR URGENT CARE ADVERSE DETERMINATION REVIEW REQUESTS.

This proposal would decrease the time frame for certain adverse determination review requests from 72 to 48 hours. Typically, the insurer is delayed in making a determination while awaiting records from the insured/patient physician. Shortening the time allowed for the insurer to act could have the reverse effect and increase denials due to lack of necessary information from any third parties, including, the patient's physician. CBIA opposes this bill.

2. S.B. No. 211 (RAISED) AN ACT CONCERNING THE BURDEN OF PROOF DURING ADVERSE DETERMINATION AND UTILIZATION REVIEWS.

This proposal requires that health carriers bear the burden of proving that certain health care services under adverse determination or utilization review are not medically necessary. When it comes to determining medical necessity Connecticut's regulatory and statutory external review processes are looked to as model around the country. Currently, external reviews for all parties involved are conducted by an independent, third party. The provider nor the consumer have any pre-existing relationship with the entity or its members. The Department of Insurance is provided matters deemed to be in controversy and forwards them to this external entity made up of physicians with specialty in the area of concern. The insurance department reports that roughly half these cases fall in favor of the consumer and the other half for the providers. It is a process that has been tested and deemed fair. Thus, CBIA supports the status quo and opposes this bill.

Thank you for your time and consideration. I'm happy to answer any questions.